

Department of Public Works
1300 Courthouse Road
PO Box 339
Stafford, Virginia 22555-0339
Phone: 540-658-8650
Fax: 540-658-4598
Metro: 540-690-8222
For Inspections: 540-658-8645



Received By _____
Date _____
No Delinquent R/E Taxes Due By _____
A/P _____

Zoning Permit Application Demolition

SITE LOCATION:

Address: _____

Bld: _____ Suite: _____

Tax Map: _____ Insert: _____

Section: _____ Block: _____

Lot: _____ Suffix: _____

SUBDIVISION: _____

PROJECT NAME: _____

NUMBER: _____

APPLICANT INFORMATION:

CHECK IF PRIMARY CONTACT: ☐

Contractor/Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Print Name: _____

Signature: _____

VA Contractors License #: _____

Class: _____ Exp. Date: _____

CURRENT OWNER INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

TYPE OF WORK: Demolition

VALUATION: \$ _____
Total Value of Improvement

TOTAL SQUARE FEET _____

DESCRIPTION OF WORK: (MANDATORY)

A/P#:_____

DEMOLITION PERMIT

I hereby certify that I have authority of the owner to make this application, that the information is complete and correct. All provision of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Please Print Name ☐ **Owner** ☐ **Contractor**

Signature

Permit Will Not Be Issued Until All Fees Are Paid